

N.B.—Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

42217

## 1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 12-101  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 307 N. 9th Union Blvd.)

File No. \_\_\_\_\_  
Registered No. 12097  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St., 12 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1861</u>		
7. AGE <u>70</u>	YEARS <u>6</u>	MONTHS <u>18</u>
DAYS <u>18</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Secretary</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Jacob Leth Private</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton County Ill.</u>		
13. NAME <u>Jacob Hehner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Margarete Schmidt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Cal. Badgley</u> (ADDRESS) <u>5048 Page</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marscontah Ill.</u> DATE <u>Dec. 7</u> 1931		
19. UNDERTAKER <u>H. Rindskopf</u> (ADDRESS) <u>526 Delmar St.</u>		
20. FILED <u>DEC - 3 1931</u> <u>May C. Standen</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to Dec. 4, 1931  
I last saw h.e.r. alive on Dec. 4, 1931. Death is said to have occurred on the date stated above, at 11:50 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterio Sclerosis  
Diabetes Mellitus  
Date of onset Nov. 20 1931

Other contributory causes of importance:  
Arterio Sclerosis  
Diabetes Mellitus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Ure. cal. laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) M. E. Gleason M. D.  
(Address) 4263 West Pine Blvd.

